



**Missouri Tobacco Directory -
Participating Manufacturer Certification**

Department Use Only	Postmark Date (MM/DD/YYYY)
	____/____/____

Year and Type	Complete a separate form for each liability year for which you are certifying (select one)
	Current calendar year for this certification: 20____ Type of Certification (select one): <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Supplemental

Manufacturer Identification	Company Name		Federal Identification Number		
	Mailing Address	City	State	ZIP Code	Country
	Physical Address	City	State	ZIP Code	Country
	Telephone Number (____) _____ - _____	Fax Number (____) _____ - _____	E-mail Address		

Contact Person	Missouri Statute 32.057, RSMo , states that all tax records and information maintained by the Missouri Department of Revenue are confidential. The tax information can only be given to the owner, partner, member, or officer who is listed with us as such. If you wish to give an employee, attorney, or accountant access to your tax information, you must supply us with a power of attorney giving us the authority to release confidential information to them.				
	Contact Person for Certification - Must be owner or officer. If not, Power of Attorney must be completed.			Telephone Number	
	Name	Title		(____) _____ - _____	
Power of Attorney Attach a completed Form 2827 .			E-mail Address		

Manufacturing Facility	Plant Name		Plant Telephone Number		Plant Fax Number	
			(____) _____ - _____		(____) _____ - _____	
	Physical Address	City	State	ZIP Code	Country	
Name and Title of Contact Person at Plant (if different than above)						

License and Permits	U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number			Last Year Permit or License Issued		
	Foreign Manufacturer Permit Number (if applicable)			Last Year Permit or License Issued		
	Provide a copy of current permit. <input type="checkbox"/> Attached					

Brand Family and Brand Style	<input type="checkbox"/> Initial or Supplemental Certification - Included with this certification is corresponding actual cigarette or RYO packaging (without tobacco) for each brand style for which the company requests certification.
	<input type="checkbox"/> Annual Certification (No Packaging Changes) - Corresponding actual cigarette or RYO packaging (without tobacco) has been previously provided and there have been no changes to the packaging.
	<input type="checkbox"/> Annual Certification (Packaging Changes or Brand Additions) - There have been changes to the packaging samples previously submitted or new brand styles have been added. Corresponding actual cigarette or RYO packaging (without tobacco) is included.
	<input type="checkbox"/> FSC (Fire Safe Compliance) - Attached is a letter from the Missouri State Fire Marshal's Office indicating that the brand styles for which the company seeks certification are FSC compliant.
	<input type="checkbox"/> Brand Responsibility - The company identified in the Manufacturer Identification Section affirms that the cigarettes or RYO brands listed herein are to be considered the company's cigarette and RYO brands for the purpose of calculating the company's payments for the purposes of Section 196.1000 to 196.1003, RSMo .
	<input type="checkbox"/> Pursuant to Section 196.1000 to 196.1003, RSMo , the Tobacco Product Manufacturer has performed its financial obligations under the Master Settlement Agreement (MSA) for the relevant calendar year and has attached all documentation supporting the information in this certification. A participating manufacturer must include all documentation supporting the assertion it has performed its financial obligations under the MSA for the relevant calendar year. See Sections 196.1003, RSMo(a) , 196.1023 RSMo .

Execution by Authorized Person	Under penalty of perjury, I certify and declare that all of the statements contained in this certification, including but not limited to any accompanying statements or attachments herewith, are true, correct, accurate and complete in every particular, and that I am a person authorized to bind the Tobacco Product Manufacturer making this Certification either under the laws of the state of Missouri or the jurisdiction where the manufacturer resides or is organized. Any violation of the requirements of Sections 196.1003 and 196.1020 to 196.1035, RSMo , is basis for removal of the company's brands from Missouri's Directory of Compliant Tobacco Products Manufacturers.				
	Signature of Authorized Person			Date (MM/DD/YYYY)	
	Printed Name			Title	

Mail to: Taxation Division and Missouri Attorney General Phone: (573) 751-7163 Form 5305 (Revised 02-2024)
P.O. Box 811 P.O. Box 899 Fax: (573) 522-1720
Jefferson City, MO 65105-0811 Jefferson City, MO 65102-0899 TTY: (800) 735-2966

E-mail: DOR.tobacco@dor.mo.gov tobacco.certification@ago.mo.gov
Visit dor.mo.gov/taxation/business/tax-types/tobacco/directory.html for additional information.

